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Image# 201701069040982955

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Auth	iorizea Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Hispanic Victory PAC			
<u> </u>			
ADDRESS (number and street)	1717 Pennsylvania Ave NW		
▼ Check if different	Ste 1025		
than previously reported. (ACC)	Washington		DC 20006-3951 -
2. FEC IDENTIFICATION N	UMBER ▼ CITY	Y A	STATE ▲ ZIP CODE ▲
C C00614453	3. IS	THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M 20 (M3) Jun 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:			(Non-Election Year Only)
April 15 Quarterly Report (Q1)	20 (M4) Jul 20 (M7	
July 15 Quarterly Report (0	Q2) (c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Floation	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	t Election	n on	in the State of
5. Covering Period 0.		through 06	M / D D / Y Y Y Y Y Y 30 2016
I certify that I have examined the	Sanchez Canete, Jesus, D, ,	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	er		
Signature of Treasurer	chez Canete, Jesus, D, ,	[Electronically Filed]	Date 01 / 06 / 2017
NOTE: Submission of false, error	neous, or incomplete information	may subject the person signing	g this Report to the penalties of 52 U.S.C. § 30109
Office Use Only			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Hispanic Victory PAC 01 2016 06 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2016 (b) Cash on Hand at 0.00 Beginning of Reporting Period..... 26892.63 26892.63 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 26892.63 26892.63 6(a) and 6(c) for Column B)..... 22345.77 22345.77 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 4546.86 4546.86 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Receipts FEC Form 3X (Rev. 05/2016) Page 3 Write or Type Committee Name **Hispanic Victory PAC** 01 04 2016 06 30 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 2300.00 2300.00 (i) Itemized (use Schedule A)..... 24592.63 24592.63 (ii) Unitemized (iii) TOTAL (add 26892.63 26892.63 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 26892.63 26892.63 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))....... 26892.63 26892.63

26892.63

26892.63

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schodule HA)	1910. 1110	Jaionda Tear-to-Date		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	116.34	116.34		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	116.34	116.34		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees	4 4			
and Other Political Committees Independent Expenditures	0.00	0.00		
(use Schedule E)	22194.43	22194.43		
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	35.00	35.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	35.00	35.00		
Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30101(20) (a) Allocated Federal Election Activity (from Schedule H6))))			
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	22345.77	22345.77		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	22345.77	22345.77		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 26892.63 26892.63 (from Line 11(d), page 3) 34. Total Contribution Refunds 35.00 35.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 26857.63 26857.63 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 116.34 116.34 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 116.34 116.34 (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

21 FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Hispanic Victory PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Crawford, Betty, R, Mrs., Date of Receipt Mailing Address 601 Aspen Trl 16 2016 City Zip Code State Transaction ID: AE24199FEE15C4A79BF4 IΑ 52761-2873 Muscatine Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kohls, Carl, W, Mr., Tte Date of Receipt Mailing Address 506 Meadow Rd 13 2016 City State Zip Code Transaction ID: AE3ADBC7ED3D2486A948 NY Syracuse 13219-2312 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Moyer, Peter, W. Mr., Date of Receipt Mailing Address 118 Abbey Peak Ln 16 2016 City Zip Code State Transaction ID: A5C129E8BA8B3462A81A NV Incline Village 89451-9386 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1550.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

21 FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Hispanic Victory PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Palmer, Edith, P, Mrs., Date of Receipt Mailing Address 282 Laroe Rd 2016 City Zip Code State Transaction ID: AC1AB3A28E6A340CA9B9 NY Chester 10918-2435 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Palmer, Edith, P, Mrs., Date of Receipt Mailing Address 282 Laroe Rd 16 2016 City State Zip Code Transaction ID : A6A625FD702634932B56 NY Chester 10918-2435 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... 2300.00 TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Hispanic Victory PAC Full Name (Last, First, Middle Initial) A. Whattam, William, W, Mr., Mailing Address 37655 Birch St City Newark Purpose of Disbursement Refund Candidate Name Office Sought: House Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) Memo Item Memo Item Memo Item	SCHEDULE B (FEC Form 3X)	lles	wata ach adula(a)	FOR LINE NUMBER:			PAGE	8 OF 2
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Hispanic Victory PAC Full Name (Last, First, Middle Initial) A. Whattam, William, W, Mr., Mailing Address 37655 Birch St City Newark CA 94560-4448 Purpose of Disbursement Refund Candidate Name Office Sought: House Disbursement For: Senate President Disbursement Candidate Name Office Sought: House Disbursement For: State: District Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: State Zip Code Purpose of Disbursement Candidate Name Candidate Name Candidate Name Candidate Name Candidate Name Candidate Name District Full Name (Last, First, Middle Initial) C. Amount of Each Disbursement this Period Office Sought: House Disbursement For: Category Type Office Sought: House Disbursement For: Category Type Office Sought: House Disbursement For: Category Type Date of Disbursement this Period Amount of Each Disbursement this Period Office Sought: House Disbursement For: State: State Zip Code FEC Identification Number Candidate Name Candidate	ITEMIZED DISBURSEMENTS			· ·	_ ' — ' — —			7 07
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Pala) Full Name (Last, First, Middle Initial) A Whattarm, William, W, Mfr., Mailing Address 37655 Birch St City State City State City State City State Senate Pripose of Disbursement Fell Name (Last, First, Middle Initial) Disbursement For: State: District Full Name (Last, First, Middle Initial) B. City State State Disbursement For: State: District State: District Full Name (Last, First, Middle Initial) Date of Disbursement Candidate Name Callegory Type Office Sought: Fec Identification Number Callegory Type Fec Identification Number Fec Identification Number Callegory Type Type Type Type Fec Identification Number Fec Identification Number Callegory Type Type Type Type Type Type Disbursement District: Full Name (Last, First, Middle Initial) City State Disbursement For: State: District: State Disbursement Candidate Name City State Disbursement District: State Disbursement District: State Disbursement For: State State State Disbursement Disbursement For: Memo Item Fec Identification Number Callegory Type Fec Identification Number Callegory Amount of Each Disbursement Inis Period Type Fec Identification Number Callegory Type Memo Item Fec Identification Number Callegory Memo Item Fec Identification Number Callegory Memo Item Fec Identification Number Callegory Type Memo Item Fec Identification Number Callegory Memo Item Fec Identification Number Callegory Type Amount of Each Disbursement Inis Period Type Type								
NAME OF COMMITTEE (in Full) Hispanic Victory PAC Full Name (Last, First, Middle Initial) A. Whattam, William, W, Mr., Mailing Address 37655 Birch St City Newark Candidate Name Candidate Name Office Sought: House Primary General State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City State City State City State City State Disbursement For: Senate Primary General Office Sought: House District Full Name (Last, First, Middle Initial) B. Mailing Address City State Disbursement For: Senate Primary General Other (specify) Tell Name (Last, First, Middle Initial) Date of Disbursement this Period FEC Identification Number Category Type Amount of Each Disbursement this Period FEC Identification Number Category Type Tell Name (Last, First, Middle Initial) Date of Disbursement this Period Type Tell Name (Last, First, Middle Initial) Date of Disbursement this Period Type Tell Name (Last, First, Middle Initial) Date of Disbursement this Period Type Tell Name (Last, First, Middle Initial) Date of Disbursement this Period Type Tell Name (Last, First, Middle Initial) Date of Disbursement this Period Type Tell Name (Last, First, Middle Initial) Date of Disbursement this Period Type Tell Name (Last, First, Middle Initial) Date of Disbursement this Period Type Tell Name (Last, First, Middle Initial) Date of Disbursement this Period Memo Item Substrate Substrate of Disbursement this Period Memo Item Substrate of Disbursement this Period Memo Item	Any information copied from such Reports and Staten	nents may r	not be sold or use	ed by any pers	on for the pu	irpose of s	coliciting co	ontributions
Hispanic Victory PAC Full Name (Last, First, Middle Initial) A. Whattam, William, W, Mr., Mailing Address 37655 Birch St City Newark Candidate Name Candidate Name City President State: District: District: District: City State: District: District: City State: District: District: District: District: City State: District: District: District: District: District: District: District: District: City State: District:	\	ie and addi	ess of any politic	ai committee ti	Solicit Conti	ibulions no	JIII SUCII C	ommuee.
A. Whattam, William, W, Mr., Mailing Address 37655 Birch St City Newark Candidate Name City State City State Candidate Name City State District: Full Name (Last, First, Middle Initial) Candidate Name City State District: Full Name (Last, First, Middle Initial) City State District: Full Name (Last, First, Middle Initial) City State District: Full Name (Last, First, Middle Initial) City State District: City State District: Candidate Name Category Type	Hispanic Victory PAC							
Amount of Each Disbursement this Period Office Sought:	Full Name (Last, First, Middle Initial) A. Whattam, William, W, Mr.,							
Newark Purpose of Disbursement Retund Candidate Name Office Sought:	Mailing Address 37655 Birch St							
Refund Candidate Name Category/ Office Sought:	Newark	FEC Iden	tification N	umber	_			
Office Sought:	Refund			010		saction ID	: B419A92	285F/
Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name City State: District: Fell Name (Last, First, Middle Initial) Office Sought: House Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) Category/ Type Category/ Typ					Amount o	f Each Dis	bursemen	
State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City	Senate	Primary				7		35.00
Mailing Address City State Zip Code FEC Identification Number Candidate Name Office Sought: House Senate President Primary General President State: District: Cty State Zip Code FEC Identification Number Category/ Type Office Sought: House Primary General Other (specify) Date of Disbursement this Period Tother (specify) Date of Disbursement this Period Tother (specify) Date of Disbursement this Period Tother (specify) Type Office Sought: House Senate Primary General Other (specify) Type Office Sought: House Senate Primary General Other (specify) ▼ Senate President State: Disbursement For: General Other (specify) ▼ Substotal of Disbursement this Period Tother (specify) ▼ Substotal of Disbursement This Page (optional)		Other (spec	cify) 🔻		Memo) Item		
City Purpose of Disbursement Candidate Name Office Sought:	Full Name (Last, First, Middle Initial) B.				Date of D	oisburseme	nt	
Purpose of Disbursement Candidate Name Category/ Type Office Sought:	Mailing Address				M = M	/ D = D	/ Y Y	Y
Purpose of Disbursement Candidate Name Category/ Type Office Sought:	City	Stato	Zin Code					
Candidate Name Office Sought:		Jiaie	Zip Code			tification N	umber	-
Office Sought: House Senate Primary General Other (specify) State: District: Date of Disbursement City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) Memo Item State: District: Senate President Other (specify) Memo Item State: District: Senate Primary General Other (specify) Memo Item SUBTOTAL of Disbursements This Page (optional)	Purpose of Disbursement				C			
Office Sought:	Candidate Name				Amount o	f Each Dis	bursemen	t this Period
State: District: C. Full Name (Last, First, Middle Initial) City State City State Candidate Name Candidate Name Office Sought: President President State: Disbursement For: Senate President Office Sought: State: Disbursement For: Senate President Other (specify) Memo Item Memo Item Amount of Each Disbursement this Period Office Sought: Memo Item Substitute: Substitute: Substitute: Substitute: Substitute: Disbursements This Page (optional)			Conoral		L	7	7	- 45
C. Full Name (Last, First, Middle Initial) Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General President State: District: Substoctal of Disbursements This Page (optional)	President	-			Memo	o Item		
City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Memo Item Subtrotal of Disbursements This Page (optional)	Full Name (Last, First, Middle Initial)				5. (5			
City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Subtrotal of Disbursements This Page (optional)	C.							/ Y Y
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ Subtotal of Disbursements This Page (optional)	Mailing Address							
Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Substrict: Memo Item 35.00	City	State	Zip Code		FEC Iden	tification N	umber	
Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Substrict: Memo Item 35.00	Purpose of Disbursement	C						
Senate President Other (specify) ▼ State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)	Candidate Name	Amount o	f Each Dis	bursemen	t this Period			
State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)			General		L	7	7	- 46
25 00		Other (spec	pify) ▼	Memo	o Item			
25 00	SUBTOTAL of Disbursements This Page (ontional)							35.00
					-	7	7	35.00

TEMIZED INDEPENDENT EXPENDITURES				PAGE 9 OF 21
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
Hispanic Victory PAC				C C00614453
				G coorne
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Campaign Funding Direct				05 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 Spring Hill Road			Aı	mount
Suite 490	Otata	Zin Codo		635.00
City McLean	State	Zip Code 22102-3028		ransaction ID : E5456BCDE8E474081BD2
Purpose of Expenditure				ate of Disbursement or Obligation
Direct Mail - Postage		Category/ Type		05 / 02 / 2016
Name of Federal Candidate:		Support	Office So	ought: House District: 00
Clinton, Hillary, , ,		Oppose	x Pr	esident Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	6667.01	Disburse 2016	ment For: Primary
Full Name of Payee		Memo	Item D	ate of Public Distribution/Dissemination
Campaign Funding Direct				M M / D D / Y Y Y Y
Mailing Address 1420 Spring Hill Road				05 02 2016
Suite 490			Aı	mount
City	State	Zip Code		420.00
McLean	VA	22102-3028		ransaction ID: E7D8A3CC4989240EFAAF ate of Disbursement or Obligation
Purpose of Expenditure Direct Mail - Graphics		Category/ Type		05 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office So	ought: House District: 00
Clinton, Hillary, , ,		x Oppose	X Pro	esident Senate State:
Calendar Year-To-Date		0007.04	1	ment For: Primary X General
Per Election for Office Sought	7 7	6667.01	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. [1055.00
(a) SUBTOTAL of Unitemized Independent Expenditure	'es			
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		·
Sanchez, Jesus, , ,	[Electronically File	led1	M = M	/ D D / Y Y Y Y
Signature		_ Date	e 01	06 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 10 OF 21 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Hispanic Victory PAC				C C00614453
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	M M / D D / Y Y Y Y
Full Name of Payee		Memo	Item [Date of Public Distribution/Dissemination
Campaign Funding Direct				05 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 Spring Hill Road			A	Amount
Suite 490	Otata	Zin Codo		5000.00
City McLean	State VA	Zip Code 22102-3028		Fransaction ID : E0D5807DAF33C4DD8B41
Purpose of Expenditure Direct Mail - Postage		Category/		Date of Disbursement or Obligation
Direct Maii - Fostage		Type		05 02 2016
Name of Federal Candidate:		Support	Office S	Sought: House District: 00
Clinton, Hillary, , ,		x Oppose	X P	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 7	6667.01	Disburs 2016	ement For: Primary X General Other (specify) ▶
Full Name of Payee		Memo	Item [Date of Public Distribution/Dissemination
Campaign Funding Direct		_ Weme		05 16 2016
Mailing Address 1420 Spring Hill Road				
Suite 490				Amount
City	State	Zip Code		3798.00
McLean	VA	22102-3028		Transaction ID: EADF84BDBD086468B8C2 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail - Postage		Category/ Type		05 16 2016
Name of Federal Candidate:		Support	Office S	Sought: House District: 00
Clinton, Hillary, , ,		Oppose	X P	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought		14822.66	Disburs	ement For: Primary General
Per Election for Office Sought	7 7		2010	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	8798.00
(a) SUBTOTAL of Unitemized Independent Expenditur	es			
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Sanchez, Jesus, , ,	Electronically Fil	edl –	M = M	
Signature		Date	9 01	06 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 11 OF 21 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Hispanic Victory PAC				C C00614453
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee Colortree Group, Inc.		☐ Memo	Item	Date of Public Distribution/Dissemination
				05 16 2016
Mailing Address 8000 Villa Park Drive				Amount
City	State	Zip Code		3636.60
Richmond	VA	23228-6500		Transaction ID: ED50BBA87EBB448A5B9: Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail - Printing		Category/ Type		05 / 16 / 2016
Name of Federal Candidate:		Support	Office	Sought: House District: 00
Clinton, Hillary, , ,		X Oppose	X F	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	14822.66	Disburs 2016	sement For: Primary
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
Colortree Group, Inc.				05 16 2016
Mailing Address 8000 Villa Park Drive				Amount
	Lau			
City Richmond	State VA	Zip Code 23228-6500		721.05 Transaction ID : E45045497375F4321844
Purpose of Expenditure Direct Mail - Printing		Category/		Date of Disbursement or Obligation 05 05 07 08 09 09 09 09 09 09 09 09 09
		Type		
Name of Federal Candidate:		Support	Office	Sought: House District: 00
Clinton, Hillary, , ,		x Oppose	X F	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	1 1 1	14822.66	Disburs 2016	sement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				4357.65
(a) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Sanchez, Jesus, , ,	Electronically Fil	edl -	M	
Signature		Date	e 01	06 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 12 OF 21 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Hispanic Victory PAC				C C00614453
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Colortree Group, Inc.				05 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8000 Villa Park Drive				Amount
City	State	Zip Code		1222.65
Richmond	VA	23228-6500		Transaction ID: E916AD7862631426E8F3 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail - Printing		Category/ Type		05 / 23 / 2016
Name of Federal Candidate:		Support	Office	Sought: House District: 00
Clinton, Hillary, , ,		x Oppose	x	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	18214.20	Disbur 2016	rsement For: Primary General Other (specify) ▶
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
ECG Data Center		Weine	itom	M M / D D / Y Y Y Y
Mailing Address 1420 Spring Hill Road				05 02 2016
Suite 490				Amount
City	State	Zip Code		612.01
Mc Lean	VA	22102-3028		Transaction ID : E1797B8441FF744A8BEC Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail - List Maintenance		Category/ Type		05
Name of Federal Candidate:		Support	Office	Sought: House District: 00
Clinton, Hillary, , ,		x Oppose	X	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	· · · · ·	6667.01	Disbur 2016	rsement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. •	1834.66
(a) CURTOTAL of Unitersinal Independent Funerality				
(a) SUBTOTAL of Unitemized Independent Expenditure	res			7 7 7
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Sanchez, Jesus, , ,	[Electronically Fil	ed1 -		M / D D / Y Y Y Y Y
Signature		Date	e 01	06 2017

TEMPLES INDEX ENDERY EXPERIENCES				FOR LINE 24 OF FORM 2Y
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Hispanic Victory PAC				FEC IDENTIFICATION NUMBER ▼
Hispanic victory PAC				C C00614453
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Omega List Company		☐ Memo	Item	Date of Public Distribution/Dissemination
				05 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 Spring Hill Road				Amount
Suite 490 City	State	Zip Code		445.44
Mc Lean	VA	22102-3028		Transaction ID : E6D72821622404469B40
Purpose of Expenditure Direct Mail - List Rental Expenses		Category/ Type		Date of Disbursement or Obligation 05 23 2016
Name of Federal Candidate:		Support	Office	e Sought: House District: 00
Clinton, Hillary, , ,		x Oppose	×	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	18214.20	Disbu 2016	ursement For:
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Omega List Company				05 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 Spring Hill Road				Amount
Suite 490				
City	State	Zip Code		113.66
Mc Lean	VA	22102-3028		Transaction ID: E4EAC39D934704B37BF4 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail - List Rental Expenses		Category/ Type		05 / D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office	e Sought: House District: 00
Clinton, Hillary, , ,		x Oppose	x	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		18214.20	Disbu 2016	ursement For: Primary 🗶 General
Per Election for Office Sought	7 7		2010	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	559.10
(a) SUBTOTAL of Unitemized Independent Expenditure	es		▶	
(a) TOTAL Independent Expenditures			▶	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Sanchez, Jesus, , ,	Electronically File	[ed] Dot	to M	1 06 2017
Signature		_ Dat	te 0	2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 14 OF 21 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Hispanic Victory PAC				C C00614453
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Omega List Company				05 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 Spring Hill Road Suite 490			Amo	ount
City	State	Zip Code	-	10.46
Mc Lean	VA	22102-3028		Insaction ID : EE1CCA83C3615492998A e of Disbursement or Obligation
Purpose of Expenditure Direct Mail - List Rental Expenses		Category/ Type		05 / 23 / Y Y Y Y Y Z Y Z Z Z Z Z Z Z Z Z Z Z Z
Name of Federal Candidate:		Support	Office Sou	ught: House District: 00
Clinton, Hillary, , ,		X Oppose	x Pres	
Calendar Year-To-Date Per Election for Office Sought		18214.20	Disbursem 2016	nent For: ☐ Primary X General Other (specify) ▶
Full Name of Payee Omega List Company		☐ Memo	Item Date	e of Public Distribution/Dissemination
Mailing Address				05 23 7 2016
' 1420 Spring Hill Road Suite 490			Amo	ount
City	State	Zip Code		52.17
Mc Lean	VA	22102-3028		ansaction ID : EA6ED9F39A1784990A4F e of Disbursement or Obligation
Purpose of Expenditure Direct Mail - List Rental Expenses		Category/ Type		05 / 23 / 2016
Name of Federal Candidate:		Support	Office Sou	ught: House District: 00
Clinton, Hillary, , ,		x Oppose	X Pres	sident Senate State:
Calendar Year-To-Date Per Election for Office Sought		18214.20	Disbursem 2016	nent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures.			· • [62.63
(a) SUBTOTAL of Unitemized Independent Expenditure	es		• <u></u>	
(a) TOTAL Independent Expenditures			• [
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Sanchez, Jesus, , , [1	Electronically File	ed] Dots	e 01	06 2017
Signature		Date	, 01	2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 15 OF 21
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Hispanic Victory PAC				FEC IDENTIFICATION NUMBER ▼ C. C00614453
				C C00614453
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or) M M / D D / Y Y Y Y
Full Name of Payee		Memo	Item [Date of Public Distribution/Dissemination
Omega List Company				05 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 Spring Hill Road				Amount
Suite 490		7: 0 1		244.25
City	State	Zip Code 22102-3028		244.35 Fransaction ID : E06109E6917C148D093F
Mc Lean	VA	22102-3020	I .	Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail - List Rental Expenses		Category/ Type		05 / 23 / 2016
Name of Federal Candidate:		Support	Office S	Sought: House District:00
Clinton, Hillary, , ,		X Oppose	X P	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	18214.20	Disburs 2016	ement For:
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
Omega List Company				05 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 Spring Hill Road				
Suite 490			<i>H</i>	Amount
City	State	Zip Code		200.50
Mc Lean	VA	22102-3028		Transaction ID: E181966F57EE84C689A6 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail - List Rental Expenses		Category/ Type		05 / 23 / 2016
Name of Federal Candidate:		Support	Office S	Sought: House District: 00
Clinton, Hillary, , ,		x Oppose	X P	resident Senate State:
Calendar Year-To-Date		40044.00	1	ement For: Primary X General
Per Election for Office Sought	1 1	18214.20	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	i			444.85
(a) SUBTOTAL of Unitemized Independent Expenditure	res			
(a) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		·
Sanchez, Jesus, , ,	[Electronically File	ed1	M = N	/ D D / Y Y Y Y Y
Signature		_ Date	e 01	06 2017

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Hispanic Victory PAC				
· ·				C C00614453
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Omega List Company		☐ Memo	Item Da	te of Public Distribution/Dissemination
Mailing Address 1420 Spring Hill Road				05 / 23 / 2016
			An	nount
Suite 490 City	State	Zip Code	— г	119.64
Mc Lean	VA	22102-3028		ansaction ID : E2E2D8ACA6D674D4DBE: te of Disbursement or Obligation
Purpose of Expenditure Direct Mail - List Rental Expenses		Category/ Type		05 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office So	ought: House District: 00
Clinton, Hillary, , ,		X Oppose		esident Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 7	18214.20	Disburser 2016	ment For: ☐ Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
Omega List Company				06 06 2016
Mailing Address 1420 Spring Hill Road			Δn	nount
Suite 490				
City Mc Lean	State	Zip Code 22102-3028	Ti	455.00 ransaction ID : EEAB39AFD53594515AFC
Purpose of Expenditure			Da	ate of Disbursement or Obligation
Direct Mail - List Rental Expenses		Category/ Type		06 06 2016
Name of Federal Candidate:		Support	Office So	ought: House District: 00
Clinton, Hillary, , ,		x Oppose	X Pre	esident Senate State:
Calendar Year-To-Date		21439.67	Disburser	ment For: Primary X General
Per Election for Office Sought		21439.07	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	∍s		•	574.64
(a) SUBTOTAL of Unitemized Independent Expendit	ures		. •	
(a) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candiparty committee) any political party committee or it	date or authorized			
Sanchez, Jesus, , ,	[Electronically Fil	led1 -	M = M	/ D D / Y Y Y Y Y
Signature	Lacenomounty I'm	_ Date	e 01	06 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 17 OF 21 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Hispanic Victory PAC				C C00614453
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item D	Pate of Public Distribution/Dissemination
Omega List Company				M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
Mailing Address 1420 Spring Hill Road				
Suite 490				mount
City	State	Zip Code		995.00
Mc Lean	VA	22102-3028		Transaction ID: EE8351E13A1254795AAE Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail - List Rental Expenses		Category/ Type		06 06 / V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office S	lought: House District: 00
Clinton, Hillary, , ,		x Oppose	X Pi	resident Senate State:
Calendar Year-To-Date		21439.67		ement For: Primary General
Per Election for Office Sought	7 7	21439.07	2016	Other (specify) ▶
Full Name of Payee		☐ Memo	Item D	eate of Public Distribution/Dissemination
Omega List Company				06 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1420 Spring Hill Road			Δ	mount
Suite 490				
City Mc Lean	State	Zip Code 22102-3028		455.00 Fransaction ID : EF196607070164AEC98C
Purpose of Expenditure				ate of Disbursement or Obligation
Direct Mail - List Rental Expenses		Category/ Type		M 06
Name of Federal Candidate:		Support	Office S	ought: House District: 00
Clinton, Hillary, , ,		x Oppose	X PI	resident Senate State:
Calendar Year-To-Date		21439.67		ement For: Primary Seneral
Per Election for Office Sought	7 7		2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· • [1450.00
(a) SUBTOTAL of Unitemized Independent Expenditur	es		. [
(4, 002.00.112.00.0111111111111111111111111				
(a) TOTAL Independent Expenditures			•	1 1 7 1 1 7 1 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Sanchez, Jesus, , ,	Electronically Fil	ed]	M = M	/ DDD / YDY YDY D6 2017
Signature		Date	9 01	06 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 18 OF 21 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Hispanic Victory PAC				C C00614453
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		Memo	Item Da	ate of Public Distribution/Dissemination
Omega List Company				M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
Mailing Address 1420 Spring Hill Road			Ar	mount
Suite 490	04-4-	75- 0-1-	— г	200.02
City	State	Zip Code 22102-3028		389.93 ransaction ID : EF5B2DDA8DB2D45239C5
Mc Lean	VA	22102-3020		ate of Disbursement or Obligation
Purpose of Expenditure Direct Mail - List Rental Expenses		Category/ Type		06
Name of Federal Candidate:		Support	Office So	ought: House District:00
Clinton, Hillary, , ,		× Oppose	✗ Pre	esident Senate State:
Calendar Year-To-Date			Disburse	ment For: Primary X General
Per Election for Office Sought	7	21439.67	2016	Other (specify) ▶
Full Name of Payee		Memo	Item Da	ate of Public Distribution/Dissemination
Washington Intelligence Bureau		_ Wellie		M M / D D / Y Y Y Y
Mailing Address				05 31 2016
4128 Pepsi Place			Ar	mount
City	State	Zip Code	— Г	612.55
Chantilly	VA	20151-1501		ransaction ID : EDCBA3190DD064FACA4 ate of Disbursement or Obligation
Purpose of Expenditure Bookkeeping		Category/ Type		05 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office So	ought: House District: 00
Clinton, Hillary, , ,		X Oppose		esident Senate State:
Calendar Year-To-Date				ment For: Primary Seneral
Per Election for Office Sought		19144.74	2016	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			. г	1002.48
(a) SOBTOTAL OF REMIZED INDEPENDENT EXPENDITURES	•••••			1002.40
(a) SUBTOTAL of Unitemized Independent Expenditur	es		[
(,, ===================================				7
(a) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Sanchez, Jesus, , ,	Electronically File	od1	M = M	/ D D / Y Y Y Y Y
Signature	<u>ысы откану Р Ш</u>	Date	e 01	06 2017

Signature

NAME OF COMMITTEE (In Full) Hispanic Victory PAC C C00614453 Check if
Check if 24-hour report 48-hour report New report Amends report filed on Memo Item Washington Intelligence Bureau Full Name of Payee Washington Intelligence Bureau Mailing Address 4128 Pepsi Place
Check if 24-hour report 48-hour report New report Amends report filed on Man / Date of Public Distribution/Dissemination Washington Intelligence Bureau Mailing Address 4128 Pepsi Place City State Zip Code 71.74 Chantilly VA 20151-1501 Purpose of Expenditure Bookkeeping Name of Federal Candidate: Support Office Sought: House District: 00 Clinton, Hillary, , ,
Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Washington Intelligence Bureau Mailing Address 4128 Pepsi Place City State Zip Code Amount City Chantilly Purpose of Expenditure Bookkeeping New report Amends report filed on Date of Public Distribution/Dissemination Mod 7 31 7 2016 Amount Transaction ID: EAA4F3CFC4C474269BB. Date of Disbursement or Obligation Mod 7 31 7 2016 Transaction ID: EAA4F3CFC4C474269BB. Date of Disbursement or Obligation Mod 7 31 7 2016 Name of Federal Candidate: Clinton, Hillary, , ,
Washington Intelligence Bureau Mailing Address 4128 Pepsi Place City Chantilly VA 20151-1501 Purpose of Expenditure Bookkeeping Category/ Type Category/ Type Calendar Year-To-Date Per Election for Office Sought Category/ Type Disbursement For: Primary General Disbursement For: Primary General Disbursement For: Primary General Disbursement For: Primary General
Mailing Address 4128 Pepsi Place City State Zip Code Chantilly VA 20151-1501 Purpose of Expenditure Bookkeeping Category/ Type Name of Federal Candidate: Clinton, Hillary, , ,
Mailing Address 4128 Pepsi Place City Chantilly VA 20151-1501 Purpose of Expenditure Bookkeeping Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Office Sought: Calendar Year-To-Date Per Flection for Office Sought Date of Disbursement or Obligation Furpose of Expenditure Bookkeeping Category/ Type Category/ Type Office Sought: Fresident Disbursement For: Primary General 2016
City State Zip Code Chantilly VA 20151-1501 Purpose of Expenditure Bookkeeping Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Office Sought: House District: 00 Clinton, Hillary, , ,
Chantilly VA 20151-1501 Transaction ID: EAA4F3CFC4C474269BB-Date of Disbursement or Obligation Purpose of Expenditure Bookkeeping Category/ Type Office Sought: House District: 00 Clinton, Hillary, , , Calendar Year-To-Date Per Election for Office Sought 19144.74 Disbursement For: Primary General 2016
Chantilly VA 20151-1501 Transaction ID: EAA4F3CFC4C474269BB Date of Disbursement or Obligation Purpose of Expenditure Bookkeeping Category/ Type Name of Federal Candidate: Clinton, Hillary, , , Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Disbursement For: Primary General 2016
Purpose of Expenditure Bookkeeping Category/ Type Office Sought: House District: 00 Clinton, Hillary, , , Calendar Year-To-Date Per Election for Office Sought 19144.74 Category/ Type Office Sought: House District: 00 I Support Office Sought: President Senate State: Primary General 2016
Name of Federal Candidate: Clinton, Hillary, , , Calendar Year-To-Date Per Flection for Office Sought Category Type Office Sought: House District: OO I sought Senate State: Disbursement For: Primary General 2016
Clinton, Hillary, , , Calendar Year-To-Date Per Flection for Office Sought Support Office Sought President Senate State: Disbursement For: Primary General 2016
Clinton, Hillary, , , Calendar Year-To-Date Per Flection for Office Sought Disbursement For: Primary General 2016
Calendar Year-To-Date Per Flection for Office Sought 19144.74 Disbursement For: Primary General 2016
Per Flection for Office Sought
Other (specify) ▶
Full Name of Payee Washington Intelligence Bureau Date of Public Distribution/Dissemination
06 27 2016
Mailing Address 4128 Pepsi Place Amount
Allouit
City State Zip Code 104.02
Chantilly VA 20151-1501 Transaction ID : E4B5F9141F56441E4941 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Category/
Bookkeeping 06 27 2016
Name of Federal Candidate: Support Office Sought: House District: 00
Clinton, Hillary, , , Clinton, Hillary, , , President Senate State:
Calendar Year-To-Date Disbursement For: Primary X General
Per Election for Office Sought 22194.43 2016 Other (specify)
Cutof (Specify) P
(a) SUBTOTAL of Itemized Independent Expenditures
(a) SUBTUTAL of iterffized independent Experiorures
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 652 16 1712 of elimonizou magpendent Experiatation
(a) TOTAL Independent Expenditures
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political
party committee) any political party committee or its agent.
Sanchez, Jesus, , , [Electronically Filed] Data 01 06 2017

Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 20 OF 21
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Hispanic Victory PAC				FEC IDENTIFICATION NUMBER ▼
Thopassia traitery trait				C C00614453
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	"M / D "D / Y "Y "Y "Y
Full Name of Payee Washington Intelligence Bureau		☐ Memo		of Public Distribution/Dissemination
Mailing Address 4128 Pepsi Place			Amou	06 27 2016
			Allioui	
City	State	Zip Code		650.74
Chantilly	VA	20151-1501		saction ID: EAA37AD31E79A4FB2938 of Disbursement or Obligation
Purpose of Expenditure Bookkeeping		Category/ Type		06 27 2016
Name of Federal Candidate:		Support	Office Sough	nt: House District: 00
Clinton, Hillary, , ,		x Oppose	x Preside	
Calendar Year-To-Date Per Election for Office Sought	7	22194.43	Disbursemen 2016 O	nt For:
Full Name of Payee ZIP Mailing Services, Inc.		☐ Memo	Item Date of	of Public Distribution/Dissemination
Mailing Address 6304 Sheriff Road			Amou	05 23 2016 nt
Suite Z		T		
City Hyattsville	State MD	Zip Code 20785-4361		982.67 saction ID : E8AD5B18A7C5F488590B of Disbursement or Obligation
Purpose of Expenditure Direct Mail - Printing		Category/ Type		05 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sough	nt: House District: 00
Clinton, Hillary, , ,		x Oppose	X Preside	
Calendar Year-To-Date Per Election for Office Sought	7	18214.20	Disbursemen	nt For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	,		-	1633.41
(a) SUBTOTAL of Unitemized Independent Expenditure	res		>	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Sanchez, Jesus, , ,	[Electronically File	[ed] Date	M = M /	06 / 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 21 OF 21 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Hispanic Victory PAC				C C00614453
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	te of Public Distribution/Dissemination
ZIP Mailing Services, Inc.				05 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6304 Sheriff Road			Am	ount
Suite Z City	State	Zip Code	— Г	53.04
Hyattsville	MD	20785-4361		nnsaction ID : E1B2CCD8D86E141AD804 te of Disbursement or Obligation
Purpose of Expenditure Direct Mail - Printing		Category/ Type		05 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soi	ught: House District:00
Clinton, Hillary, , ,		X Oppose	X Pres	sident Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 7	19144.74	Disbursen 2016	nent For: Primary
Full Name of Payee		Memo	Item Dat	te of Public Distribution/Dissemination
ZIP Mailing Services, Inc.				05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6304 Sheriff Road			Am	ount
Suite Z City	State	Zin Codo	— г	193.21
Hyattsville	MD	Zip Code 20785-4361		ansaction ID : E63A99893D1F44CB291F te of Disbursement or Obligation
Purpose of Expenditure Direct Mail - Printing		Category/ Type		05 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sor	ught: House District: 00
Clinton, Hillary, , ,		x Oppose	X Pres	sident Senate State:
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	19144.74	Disbursen 2016	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures			•	246.25
(a) SUBTOTAL of Unitemized Independent Expenditure	es			
(a) TOTAL Independent Expenditures				22194.43
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Sanchez, Jesus, , ,	Electronically Fil	ed]	M = M	/ D D / Y Y Y Y Y Y Y 2017
Signature		_ Date	9 01	06 2017